



IJD Inspections Ltd.
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PERMIT # _____

PRIVATE SEWAGE DISPOSAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 New Home Warranty No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Owner Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Email: _____

Project Location- Municipality: _____ Subdivision/Hamlet: _____
 Street/Rural Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M
 Directions: _____
 Description of Work: _____

Submit with Application: Soil Log Report (2 test pits) Soil Analysis System Diagram CSA-B66 Certificate Site Plan/Diagram
 Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	INSTALLATION	TREATMENT DISPOSAL METHODS
<input type="checkbox"/> Residential <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Commercial <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Industrial <input type="checkbox"/> Conventional <input type="checkbox"/> Advanced <input type="checkbox"/> Work Camp/No. of Men _____	<input type="checkbox"/> New <input type="checkbox"/> Alteration Expected Volume of Effluent: _____ <input type="checkbox"/> m ³ /day <input type="checkbox"/> Litres/day <input type="checkbox"/> Gallons/day(not to exceed 25 m ³ /day) No. of Bedrooms _____ (residential including basement and future development)	Complete all applicable items: <input type="checkbox"/> Septic Tank Size _____ Serial No.: _____ <input type="checkbox"/> Holding Tank Size _____ Serial No.: _____ <input type="checkbox"/> Treatment Mound Size _____ (sand Layer) <input type="checkbox"/> Ft ² <input type="checkbox"/> M ² <input type="checkbox"/> Disposal Field Size _____ (trench bottom) <input type="checkbox"/> Ft ² <input type="checkbox"/> M ² <input type="checkbox"/> Depth of Water Table _____ <input type="checkbox"/> Feet <input type="checkbox"/> Inches <input type="checkbox"/> Open (surface) Discharge <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Packaged Sewage Treatment Plant <input type="checkbox"/> Sand Filter <input type="checkbox"/> Other: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

 Installer's Name (print) Installer's Signature OR Homeowner's Signature (homeowner permit only) Homeowner Declaration:
 By signing this I hereby certify that I own/will own and occupy this dwelling.

Private Sewage Installer's Certification Number: PS: _____

Permit Fees	
Permit Fee: \$ _____	SCC Levy: \$ _____ Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____	Purchase Order No.: _____ Expiry _____

Permit Validation Section: (to be completed by the Permit Issuer)
 Special Conditions: _____
 Other Permits Required (under separate application): Building Plumbing Gas Electrical
 Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mm/dd/yyyy): _____